

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09/47363</div>	FILING DATE <div style="font-size: 1.2em;">12.23.99</div>	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51		/		/		/	
2		/					52		/		/		/	
3		/					53		/		/		/	
4		/					54		/		/		/	
5		/					55		/		①		/	
6		/					56		/		①		/	
7		/					57		/		/		/	
8		/					58		/		/		/	
9		/					59		/		/		/	
10		/					60		/		/		/	
11		/					61		/		/		/	
12		/					62		/		/		/	
13		/					63		/		/		/	
14		/					64		/		/		/	
15		/					65		/		/		/	
16		/					66	/	/		/		/	
17		/					67		/		/		/	
18		/					68		①		/		/	
19		/					69	/	/		/		/	
20		/					70		/		/		/	
21		/					71		/		/		①	
22		/					72		/		/		①	
23		/					73		/		/		/	
24		/					74		/		/		/	
25		/					75		/		/		/	
26		/					76		/		/		/	
27		/					77		/		/		/	
28		/					78		/		/		/	
29		/					79		/		/		/	
30		/					80		/		/		/	
31		/					81		/		/		/	
32		/					82		/		/		/	
33		/					83		/		/		/	
34		/					84		/		/		/	
35	/						85		/		/		/	
36	/						86		/		/		/	
37		/					87		/		/		/	
38		/					88	/	/		/		/	
39		/					89	/	/		/		/	
40		/					90		/		/		/	
41		/					91		/		/		/	
42		/					92		/		/		/	
43		/					93		/		/		/	
44		/					94		/		①		/	
45		/					95		/		①		/	
46		/					96		/		/		/	
47		/					97		/		/		/	
48		/					98		/		/		/	
49		/					99		/		/		/	
50		/					100		/		/		/	
TOTAL IND.	25						TOTAL IND.							
TOTAL DEP.	156						TOTAL DEP.							
TOTAL CLAIMS	181						TOTAL CLAIMS							